

09-833,922

CLAIMS AS FILED - PART I				SMALL ENTITY		OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)					
FOR	NUMBERED	NUMBER EXTRA	RATE	FEE	RATE	FEE	
BASIC FEE (37 CFR 1.101)							
TOTAL CLAIMS (37 CFR 1.101)	minus 20 =						
INDEPENDENT CLAIMS (37 CFR 1.101)	minus 3 =						
MULTIPLE DEPENDENT CLAIMS PRESENT (37 CFR 1.101)							
If the difference in column 1 is less than 20, enter "0" in column 2			TOTAL		TOTAL		

CLAIMS AS AMENDED - PART II				SMALL ENTITY		OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)					
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.101)	21	25		25		50	
Independent (37 CFR 1.101)	5	5		100		200	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.101)							
TOTAL ADDL FEE					TOTAL ADDL FEE		

CLAIMS AS AMENDED - PART II				SMALL ENTITY		OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)					
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.101)	81	85					
Independent (37 CFR 1.101)	5	5					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.101)							
TOTAL ADDL FEE					TOTAL ADDL FEE		

CLAIMS AS AMENDED - PART II				SMALL ENTITY		OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)					
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.101)	21	25					
Independent (37 CFR 1.101)	5	5					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.101)							
TOTAL ADDL FEE					TOTAL ADDL FEE		

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.
 ** If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".
 (The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.)

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